

Auditing Procedures Report

Issued under P.A. 2 of 1968, as amended and P.A. 71 of 1919, as amended.

Local Unit of Government Type <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Twp <input type="checkbox"/> Village <input checked="" type="checkbox"/> Other		Local Unit Name Mid-Michigan District Health Department	County Montcalm
Fiscal Year End 9/30/2007	Opinion Date 3/19/2008	Date Audit Report Submitted to State 3/28/2008	

We affirm that:

We are certified public accountants licensed to practice in Michigan.

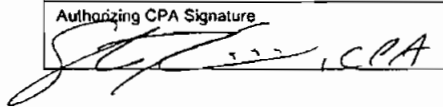
We further affirm the following material, "no" responses have been disclosed in the financial statements, including the notes, or in the Management Letter (report of comments and recommendations).

YES ☒ NO ☐ Check each applicable box below. (See instructions for further detail.)

1. ☒ ☐ All required component units/funds/agencies of the local unit are included in the financial statements and/or disclosed in the reporting entity notes to the financial statements as necessary.
2. ☒ ☐ There are no accumulated deficits in one or more of this unit's unreserved fund balances/unrestricted net assets (P.A. 275 of 1980) or the local unit has not exceeded its budget for expenditures.
3. ☐ ☒ The local unit is in compliance with the Uniform Chart of Accounts issued by the Department of Treasury.
4. ☒ ☐ The local unit has adopted a budget for all required funds.
5. ☒ ☐ A public hearing on the budget was held in accordance with State statute.
6. ☒ ☐ The local unit has not violated the Municipal Finance Act, an order issued under the Emergency Municipal Loan Act, or other guidance as issued by the Local Audit and Finance Division.
7. ☒ ☐ The local unit has not been delinquent in distributing tax revenues that were collected for another taxing unit.
8. ☒ ☐ The local unit only holds deposits/investments that comply with statutory requirements.
9. ☒ ☐ The local unit has no illegal or unauthorized expenditures that came to our attention as defined in the *Bulletin for Audits of Local Units of Government in Michigan*, as revised (see Appendix H of Bulletin).
10. ☒ ☐ There are no indications of defalcation, fraud or embezzlement, which came to our attention during the course of our audit that have not been previously communicated to the Local Audit and Finance Division (LAFD). If there is such activity that has not been communicated, please submit a separate report under separate cover.
11. ☒ ☐ The local unit is free of repeated comments from previous years.
12. ☒ ☐ The audit opinion is UNQUALIFIED.
13. ☒ ☐ The local unit has complied with GASB 34 or GASB 34 as modified by MCGAA Statement #7 and other generally accepted accounting principles (GAAP).
14. ☒ ☐ The board or council approves all invoices prior to payment as required by charter or statute.
15. ☒ ☐ To our knowledge, bank reconciliations that were reviewed were performed timely.

If a local unit of government (authorities and commissions included) is operating within the boundaries of the audited entity and is not included in this or any other audit report, nor do they obtain a stand-alone audit, please enclose the name(s), address(es), and a description(s) of the authority and/or commission.

I, the undersigned, certify that this statement is complete and accurate in all respects.

We have enclosed the following:	Enclosed	Not Required (enter a brief justification)	
Financial Statements	<input checked="" type="checkbox"/>		
The letter of Comments and Recommendations	<input checked="" type="checkbox"/>		
Other (Describe)	<input checked="" type="checkbox"/>	N/A	
Certified Public Accountant (Firm Name) Abraham & Gaffney, P.C.		Telephone Number 517-351-6836	
Street Address 3511 Coolidge Road, Suite 100		City East Lansing	State MI
Authorizing CPA Signature 		Printed Name Steve Kirinovic, CPA	Zip 48823
		License Number 1101022020	

**Mid-Michigan District Health Department
Stanton, Michigan**

FINANCIAL STATEMENTS

September 30, 2007

Mid-Michigan District Health Department

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September 30, 2007

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INDEPENDENT AUDITOR'S REPORT

Board of Public Health
Mid-Michigan District Health Department
Stanton, Michigan

We have audited the accompanying component unit financial statements of the governmental activities and the major fund of the Mid-Michigan District Health Department, a component unit of Montcalm County, Michigan as of and for the year ended September 30, 2007, which collectively comprise the Department's basic financial statements as listed in the Table of Contents. These component unit financial statements are the responsibility of the Department's management. Our responsibility is to express an opinion on these component unit financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinions.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities and the major fund of the Mid-Michigan District Health Department as of September 30, 2007, and the respective changes in financial position thereof for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued a report dated March 19, 2008, on our consideration of the Mid-Michigan District Health Department's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

The management's discussion and analysis and budgetary comparison information as identified in the table of contents are not a required part of the basic financial statements but are supplemental information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and express no opinion on it.

Our audit was performed for the purpose of forming opinions on the financial statements that collectively comprise the Department's basic financial statements. The accompanying other supplementary information and Schedule of Expenditures of Federal Awards, as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Nonprofit Organizations*, are presented for purposes of additional analysis and are not a required part of the basic financial statements. The other supplementary information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Abraham & Gaffney, P.C.

ABRAHAM & GAFFNEY, P.C.
Certified Public Accountants

March 19, 2008



Mid-Michigan District Health Department

Your Public Health Experts; Connecting with the Community and Exceeding Expectations

615 N. State St., Suite 2, Stanton, MI 48888 - 989.831.5237 - fax 989.831.5522 - www.mmdhd.org

Management's Discussion and Analysis For Fiscal Year Ended September 30, 2007

This section of the annual financial statements, titled Management's Discussion and Analysis, represents the administration's review of the Department's financial performance during the fiscal year ended September 30, 2007, and is a requirement of GASB 34. The Management's Discussion and Analysis is intended to be read in conjunction with the Department's financial statements.

Generally accepted accounting principles (GAAP) according to GASB 34 require the reporting of two types of financial statements: Government-wide financial statements and Fund Level financial statements.

Financial Highlights

- The assets of the Department exceeded its liabilities at September 30, 2007, by \$1,081,450 at the government-wide level. Of this amount, \$839,456 (unrestricted net assets) may be used to meet the Department's ongoing obligations.
- The Department's total net assets decreased \$37,187 as a result of this year's operations.
- As of September 30, 2007, the Department's governmental fund reported an ending fund balance of \$1,183,769, a decrease of \$66,166.
- As of September 30, 2007, the unreserved and undesignated fund balance was \$213,153.

Overview of the Financial Statements

The Mid-Michigan District Health Department's basic financial statements comprise three components: 1) government-wide financial statements, 2) fund financial statements, and 3) notes to the financial statements. This report also contains other supplementary information in addition to the basic financial statements themselves.

Government-wide Financial Statements: The government-wide financial statements provide information about the activities of the entire Department. They present an overall view of the Department's finances, reporting the assets and liabilities on fiscal year ending September 30, 2007.

The statement of net assets presents information on all of the Mid-Michigan District Health Department's assets and liabilities, with the difference between the two reported as net assets. Over time, increases or decreases in net assets may serve as a useful indicator of whether the financial position of the Department is improving or deteriorating.

The statement of activities presents information showing how the government's net assets changed during fiscal year 2006/07. All changes in net assets are reported as soon as the change occurs, regardless of the timing of related cash flows.

All of the Mid-Michigan District Health Department's offices are supported by intergovernmental revenues, governmental grants, donations, fees and charges for services, interest, local, and contributions. The governmental activities of the Department are all considered health and sanitation programs. The Department does not operate any programs that are intended to recover all or a significant portion of their costs through user fees and charges.

The government-wide financial statements include only financial information related to the Mid-Michigan District Health Department.

Fund Financial Statements: A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Mid-Michigan District Health Department uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. The Department operates with one fund, which is considered a governmental fund.

Governmental funds: Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on near-term inflows and outflows of spendable resources, as well as on balances of spendable resources available at the end of the fiscal year. Such information may be useful in evaluating a government's near-term financing requirements.

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for governmental funds with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the government's near-term financing decisions. Both the governmental fund balance sheet and governmental fund statement of revenues, expenditures, and changes in fund balance provide a reconciliation to facilitate this comparison between governmental funds and governmental activities.

The Mid-Michigan District Health Department adopts an annual appropriated budget for its Health Fund. A budgetary comparison statement has been provided for this fund to demonstrate compliance with this budget.

The basic financial statements can be found on pages 1-6 of this report.

Notes to the Financial Statements: The notes provide additional information that is essential to a full understanding of the data provided in the government-wide and fund financial statements. The notes to the financial statements can be found on pages 7-15 of this report.

Other Information: In addition to the basic financial statements and accompanying notes, this report also presents certain required supplementary information concerning budgeted revenues and expenditures on page 16. Other supplementary information concerning expenditures of federal awards can be found on pages 17-26 of this report.

Government-wide Financial Analysis

As noted earlier, net assets may serve over time as a useful indicator of a government's financial position. In the case of Mid-Michigan District Health Department, assets exceeded liabilities by \$1,081,450. A comparative analysis of data with the previous fiscal year is as follows:

	<u>2007</u>	<u>2006</u>
Current assets	\$ 1,969,635	\$ 1,836,354
Other assets	<u>241,994</u>	<u>218,194</u>
Total assets	2,211,629	2,054,548
Current liabilities	827,276	627,392
Noncurrent liabilities	<u>302,903</u>	<u>308,519</u>
Total liabilities	<u>1,130,179</u>	<u>935,911</u>
Net assets		
Invested in capital assets	241,994	218,194
Unrestricted	<u>839,456</u>	<u>900,443</u>
Total net assets	<u>\$ 1,081,450</u>	<u>\$ 1,118,637</u>

Unrestricted net assets (the part of net assets that can be used to finance day-to-day operations) decreased by \$60,987. This represents a decrease of approximately 6.8 percent. Net assets invested in capital assets increased by \$23,800. This represents an increase of approximately 10.9 percent. The current level of unrestricted net assets for our governmental activities stands at \$839,456, or approximately 12 percent of annual expenses. This is within our desired range.

The following table shows the changes of net assets for the years ended September 30, 2007 and 2006.

	<u>2007</u>	<u>2006</u>
Program revenues		
Charges for services	\$ 1,512,271	\$ 1,374,829
Operating grants and contributions	3,913,560	3,437,508
General revenue		
County appropriations	1,310,571	1,188,691
Cigarette tax	70,166	74,263
Interest	<u>41,638</u>	<u>46,931</u>
Total revenues	6,848,206	6,122,222
Program Expenses	<u>6,885,393</u>	<u>6,113,832</u>
Change in net assets	<u>\$ (37,187)</u>	<u>\$ 8,390</u>

For the year ended September 30, 2007, charges for services increased by a net amount of \$137,442 mainly due to increased Medicaid fee revenue for Family Planning/Plan First! enrollees and for dental services, with decreased environmental health fees caused by reduced water and septic permit application activity related to declines in new construction because of Michigan's generally poor economic climate.

Total operating grants and other/contributions increased \$476,052 related to some new and increased levels of general grant funding, but in particular related to a large Federal 317 vaccine grant the agency received during the fiscal year.

Total expenditures increased approximately 12.6% over the previous fiscal year, related somewhat to normal economic cost increase factors but in particular related to costs associated with the increased levels of grant funding noted above.

Financial Analysis of the Government's Fund

As noted earlier, the Mid-Michigan District Health Department uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Governmental Fund: The focus of the Mid-Michigan District Health Department's governmental fund is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Mid-Michigan District Health Department's financing requirements. In particular, unreserved-undesignated fund balance may serve as a useful measure of a government's net resources available for spending at the end of the fiscal year.

As of the end of the current fiscal year, the Mid-Michigan District Health Department's governmental fund reported an ending fund balance of \$1,183,769; a decrease of \$66,166 in comparison with the prior year. Of this total, \$63,816 has been reserved for prepaid expenditures and trust activities. There has been \$378,629 designated for vacation and personal leave; \$133,209 designated for equipment and technology; \$308,830 designated for retirement; and \$86,132 designated for other purposes. The unreserved and undesignated fund balance at September 30, 2007 was \$213,153.

As a measure of the governmental fund's liquidity, it may be useful to compare unreserved (designated and undesignated) fund balance, total fund balance, and unreserved-undesignated fund balance to total fund expenditures. Unreserved fund balance (\$1,119,953) and total fund balance (\$1,183,769) represent approximately 16 percent and 17 percent, respectively, of total fund expenditures. Unreserved-undesignated fund balance represents approximately 3 percent of total expenditures.

Governmental Fund Budgetary Highlights

Over the course of the year, the Mid-Michigan District Health Department's Board of Health may amend the budget to take into account events that occur during the year. For the year ended September 30, 2007, the only budget amendment primarily increased and decreased intergovernmental revenue and expense line items by minor amounts to maintain consistency with actual activities for the fiscal year. In total, the agency's amended expenditure budget changed from \$6,408,790 to \$7,231,961, primarily related to the large Federal 317 vaccine grant received by the agency during the fiscal year.

Capital Asset and Debt Administration

Capital Assets: The Mid-Michigan District Health Department's investment in capital assets as of September 30, 2007, amounts to \$241,994 (net of accumulated depreciation).

Long-term Obligations: The Mid-Michigan District Health Department has a long-term obligation related to compensated absences (e.g., unused vacation and personal leave). The total liability for this long-term obligation at September 30, 2007, was \$378,629.

Economic Factors and Next Year's Budget and Rates

For the fiscal year ending September 30, 2007, close monitoring of State budget actions will continue to be important related to lack of economic increases and/or further possible cuts in funding provided through State grant agreements and other State funding mechanisms such as Local Public Health Operations, Medicaid Cost and Rated Based Reimbursement funding supplements. Further, close monitoring of the Michigan Department of Community Health's appeal of an adverse Federal audit related to the Department's Medicaid Cost-Based Reimbursement settlements needs to occur due to the potential implications for the agency's previous and on-going funding from this reimbursement mechanism. It will also be important for the agency to continue to closely monitor environmental health permit applications activity to determine if declines in recent years will continue and to adjust the budget accordingly if so. It will also be important to monitor the agency's Family Planning/Plan First! and Maternal and Infant Health Program client enrollment and State reimbursement systems, due to State level changes that could negatively affect the agency's revenues from these programs. Because all of these funding sources impact the agency's operating budget significantly, changes in their levels of funding could seriously impact that types and levels of service that the Mid-Michigan District Health Department is able to provide.

Because the services of the Mid-Michigan District Health Department are provided based on need and not the ability to pay, and the financial condition of the agency is generally sound, the budget for the fiscal year ending September 30, 2008 included only normal economic increases in fees charged for services to the general public related to the corresponding increased operating costs to provide them and related to the levels of county funds appropriated.

Requests for Information

This financial report is designed to provide a general overview of the Mid-Michigan District Health Department's finances for all those with an interest in the Department's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to:

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BASIC FINANCIAL STATEMENTS

Mid-Michigan District Health Department

STATEMENT OF NET ASSETS

September 30, 2007

	<u>Governmental Activities</u>
ASSETS	
Current assets	
Cash	\$ 789,837
Accounts receivable	227,805
Due from other governmental units	
Federal/State	505,694
Local	42,568
Prepays	52,777
Inventories	<u>350,954</u>
Total current assets	1,969,635
Noncurrent assets	
Capital assets, net of accumulated depreciation	<u>241,994</u>
TOTAL ASSETS	2,211,629
LIABILITIES	
Current liabilities	
Accounts payable	64,880
Accrued wages	134,699
Other accrued liabilities	72,342
Unearned revenue	479,629
Current portion of compensated absences	<u>75,726</u>
Total current liabilities	827,276
Noncurrent liabilities	
Noncurrent portion of compensated absences	<u>302,903</u>
TOTAL LIABILITIES	<u>1,130,179</u>
NET ASSETS	
Invested in capital assets	241,994
Unrestricted	<u>839,456</u>
TOTAL NET ASSETS	<u><u>\$ 1,081,450</u></u>

See accompanying notes to financial statements.

Mid-Michigan District Health Department

STATEMENT OF ACTIVITIES

Year Ended September 30, 2007

Functions/Programs	Expenses	Program Revenues		Net (Expense)
		Charges for	Operating	Revenues and
		Services	Grants and	Changes in
			Contributions	Net Assets
				Governmental
				Activities
Governmental activities				
Community health & education	\$ 3,930,539	\$ 608,132	2,409,996	\$ (912,411)
Environmental health	1,961,139	540,743	983,375	(437,021)
Dental health	864,685	362,599	459,986	(42,100)
Administration	129,030	797	60,203	(68,030)
Total governmental activities	<u>\$ 6,885,393</u>	<u>\$ 1,512,271</u>	<u>\$ 3,913,560</u>	(1,459,562)
General revenues				
Interest				41,638
County appropriations				
Regular				1,023,784
Other				286,787
Cigarette tax				<u>70,166</u>
Total general revenues				<u>1,422,375</u>
Change in net assets				(37,187)
Net assets, beginning of the year				<u>1,118,637</u>
Net assets, end of the year				<u>\$ 1,081,450</u>

See accompanying notes to financial statements.

Mid-Michigan District Health Department
GOVERNMENTAL FUND BALANCE SHEET
September 30, 2007

	Special Revenue
ASSETS	
Cash	\$ 789,837
Accounts receivable	227,805
Due from other governmental units	
Federal/State	505,694
Local	42,568
Prepays	52,777
Inventories	350,954
	<hr/>
TOTAL ASSETS	\$ 1,969,635
	<hr/>
LIABILITIES AND FUND BALANCE	
LIABILITIES	
Accounts payable	\$ 64,880
Accrued wages	134,699
Other accrued liabilities	72,342
Deferred revenue	513,945
	<hr/>
TOTAL LIABILITIES	785,866
	<hr/>
FUND BALANCE	
Reserved for	
Trust funds	11,039
Prepays	52,777
Unreserved - designated for	
Vacation and sick leave	378,629
Equipment and technology	133,209
Self-insurance bonds	13,950
Retirement	308,830
Unemployment	10,000
Training	10,000
Facility development	50,716
Donated leave	1,466
Unreserved - undesignated	213,153
	<hr/>
TOTAL FUND BALANCE	1,183,769
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TOTAL LIABILITIES AND FUND BALANCE	\$ 1,969,635
	<hr/>

See accompanying notes to financial statements.

Mid-Michigan District Health Department

RECONCILIATION OF THE GOVERNMENTAL FUND BALANCE SHEET
TO THE STATEMENT OF NET ASSETS

September 30, 2007

Total fund balance - governmental fund **\$ 1,183,769**

Amounts reported for the governmental activities in the statement of net assets are different because:

Capital assets used in governmental activities are not financial resources
and therefore are not reported as assets in the governmental funds.

The cost of capital assets is	\$ 620,764	
Accumulated depreciation is	<u>(378,770)</u>	
		241,994

Certain accounts receivable are not susceptible to accrual in the
governmental funds due to not having met the criteria to be considered
available to finance current operations.

Deferred revenue	34,316
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Long-term liabilities are not due and payable in the current period
and therefore are not reported as liabilities in the funds.
Long-term liabilities at year-end consist of:

Compensated absences	<u>(378,629)</u>
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Net assets of governmental activities **\$ 1,081,450**

See accompanying notes to financial statements.

Mid-Michigan District Health Department

STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN
FUND BALANCE - GOVERNMENTAL FUND

Year Ended September 30, 2007

	Special Revenue
REVENUES	
Licenses and permits	\$ 338,775
Intergovernmental	
Federal/State	3,154,847
Local	447,548
Charges for services	1,471,015
Interest and rents	41,638
Contributions	12,060
Other	3,427
	<hr/>
TOTAL REVENUES	5,469,310
EXPENDITURES	
Current	
Salaries and wages	3,517,568
Fringe benefits	1,125,517
Supplies and materials	1,108,919
Contractual services	303,310
Communications	80,264
Travel and training	178,530
Insurance	55,790
Repairs and maintenance	14,037
Building and equipment lease and rentals	340,075
Printing and advertising	42,262
Postage	22,982
Other	35,448
Capital outlay	91,511
	<hr/>
TOTAL EXPENDITURES	6,916,213
	<hr/>
EXCESS OF REVENUES (UNDER) EXPENDITURES	(1,446,903)
OTHER FINANCING SOURCES	
County appropriations - regular	1,023,784
County appropriations - other	286,787
Cigarette tax	70,166
	<hr/>
TOTAL OTHER FINANCING SOURCES	1,380,737
	<hr/>
NET CHANGE IN FUND BALANCE	(66,166)
Fund balance, beginning of year	1,249,935
	<hr/>
Fund balance, end of year	\$ 1,183,769
	<hr/>

See accompanying notes to financial statements.

Mid-Michigan District Health Department

RECONCILIATION OF THE STATEMENT OF REVENUES, EXPENDITURES, AND CHANGES IN
FUND BALANCE OF THE GOVERNMENTAL FUND TO THE STATEMENT OF ACTIVITIES

Year Ended September 30, 2007

Net change in fund balance - governmental fund \$ (66,166)

Amounts reported for governmental activities in the statement of activities are different because:

Capital outlays are reported as expenditures in governmental funds. However, in the statement of activities, the cost of capital assets is allocated over their estimated useful lives as depreciation expense. In the current period, these amounts are:

Capital outlay	\$ 74,907	
Depreciation expense	<u>(51,107)</u>	
Excess of capital outlay over depreciation expense		23,800

Revenues in the statement of activities that do not provide current financial resources are not reported as revenues in the funds.

(Decrease) in deferred revenue	(1,841)
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Some items reported in the statement of activities do not require the use of current financial resources and therefore are not reported as expenditures in governmental funds. These activities consist of:

Decrease in accrued compensated absences	<u>7,020</u>
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Change in net assets of governmental activities	<u>\$ (37,187)</u>
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See accompanying notes to financial statements.

Mid-Michigan District Health Department

NOTES TO FINANCIAL STATEMENTS

September 30, 2007

NOTE A: DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Mid-Michigan District Health Department is a joint venture between Montcalm, Gratiot, and Clinton Counties, and was established to provide public health services. The District Health Board has representation and provides services to Montcalm, Gratiot, and Clinton Counties. Each County provides annual appropriations and passes through the statutory amounts of cigarette tax funding to subsidize operations. The current funding formula approved by the District Health Board requires Montcalm, Gratiot, and Clinton Counties to provide approximately 39, 25, and 36 percent, respectively of the total County appropriations. In addition, the treasury function for the District Health Department rests with the Montcalm County Treasurer. For this reason, the District Health Department is considered a component unit of Montcalm County for financial reporting purposes.

The District Health Department's financial statements are prepared in accordance with generally accepted accounting principles (GAAP). The Governmental Accounting Standards Board (GASB) is responsible for establishing GAAP for state and local governments through its pronouncements (Statements and Interpretations). The more significant accounting policies established in GAAP and used by the Department are discussed below.

The primary revenues of the Mid-Michigan District Health Department are charges for services, Federal and State grants and County appropriations.

1. Reporting Entity

As required by accounting principles generally accepted in the United States of America; GASB Statement No. 14, *The Financial Reporting Entity* (as amended by GASB Statement No. 39); and Statement on Michigan Governmental Accounting and Auditing No. 5, these financial statements are exclusive presentations of the financial condition and results of operations of the Mid-Michigan District Health Department. The Department is considered a "joint venture" of Montcalm, Gratiot, and Clinton Counties.

2. Basis of Presentation

GOVERNMENT-WIDE FINANCIAL STATEMENTS

The statement of net assets and the statement of activities (the government-wide statements) present information for the Department as a whole.

The government-wide financial statements are presented using the economic resources measurement focus, similar to that used by business enterprises or not-for-profit organizations. Because another measurement focus is used in the governmental fund financial statements, reconciliations are provided that explain the differences in detail.

The statement of activities presents the direct functional expenses of the Department and the program revenues that support them. Direct expenses are specifically associated with a service, program, or department and are therefore clearly identifiable to a particular function. Program revenues are associated with specific functions and include charges to recipients for goods or services and grants and contributions that are restricted to meeting the operational or capital requirements of that function. Revenues that are not required to be presented as program revenues are general revenues. This includes interest and all County appropriations and shows how governmental functions are either self-financing or supported by the general revenues of the Department.

FUND FINANCIAL STATEMENTS

The Department uses a single fund to maintain its financial records during the year. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts. The governmental fund financial statements present the Department's individual major fund.

Mid-Michigan District Health Department

NOTES TO FINANCIAL STATEMENTS

September 30, 2007

NOTE A: DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

2. Basis of Presentation - continued

The governmental fund is presented using the current financial resources measurement focus. With this measurement focus, only current assets and current liabilities generally are included on the balance sheet. Operating statements of these funds present increases (i.e., revenues and other financing sources) and decreases (i.e., expenditures and other financing uses) in net current assets.

The government-wide financial statements are presented using the economic resources measurement focus, similar to that used by business enterprises or not-for-profit organizations. Because another measurement focus is used in the governmental fund financial statements, reconciliations to the government-wide statements are provided that explain the differences in detail.

The major fund of the Department is:

- a. Special Revenue Fund - This fund is used to account for all financial resources of the Department, which are restricted to expenditures for specified health related purposes.

3. Basis of Accounting

Basis of accounting refers to the timing under which transactions are recognized for financial reporting purposes. Governmental fund financial statements use the modified accrual basis of accounting. The government-wide financial statements are prepared using the accrual basis of accounting.

Under the accrual basis of accounting, revenue is recorded in the period in which it is earned and expenses are recorded when incurred, regardless of the timing of related cash flows. Revenues for grants and contributions are recognized when all eligibility requirements imposed by the provider have been met. Deferred revenue is recorded when resources are received by the Department before it has legal claim to them, such as when grant monies are received and deferred revenue. Expenditures are generally recognized under the modified accrual basis of accounting when the related fund liability is incurred, except for interest on long-term debt which is recorded when due.

Under the modified accrual basis of accounting, revenues are recognized when susceptible to accrual (i.e. when they become both measurable and available). "Measurable" means the amount of the transaction can be determined and "available" means collectible within the current period or soon enough thereafter to be used to pay liabilities of the current period. Revenues susceptible to accrual include state and federal grants and interest revenue. Other revenues are not susceptible to accrual because generally they are not measurable until received in cash. Expenditures are recorded when the related fund liability is incurred, except for principal and interest on general long-term debt which are recorded when due.

The Department reports deferred revenue on its governmental fund balance sheet. Deferred revenues arise when potential revenue does not meet both the "measurable" and "available" criteria for recognition in the current period. Resources are considered available if they are collected during the current fiscal year or soon enough afterward to be used in payment of current year liabilities - defined as expected to be received within sixty days of year-end. Deferred revenues also arise when the Department receives resources before it has a legal claim to them. In subsequent periods, when both revenue recognition criteria are met, the liability for deferred revenue is removed from the balance sheet and revenue is recognized.

4. Budgets and Budgetary Accounting

The annual budget of the Department is prepared by Department management and approved by the Board at the total expenditure level. Any revisions to the original budget are approved by the Board before the end of the fiscal year.

Mid-Michigan District Health Department

NOTES TO FINANCIAL STATEMENTS

September 30, 2007

NOTE A: DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

5. Cash

Cash consists of the Department's payroll and accounts payable checking account, imprest cash, and cash on deposit with the Montcalm County Treasurer.

6. Receivables and Deferred Revenue

Receivables consist of amounts due from governmental units for various grant programs and accounts receivable for charges for services to clients and other organizations.

The Department has recognized the revenue related to charges for services at the time the services are performed and billed to the extent such amounts are estimated to be received. Contractual adjustments by third-party payers are treated as a reduction to revenues.

The Department has recorded deferred revenue at both the government-wide and the fund level equaling the amount of vaccine inventory received from the State of Michigan that is on hand at year-end. The Department has also recorded deferred revenue at the fund level for amounts due to the Department but not collected within sixty days of year-end.

The change in deferred revenue has caused there to be a difference in the Department's budgeted change in fund balance compared to the actual reflected in the financial statements. See Management's Discussion and Analysis for further clarification.

7. Inventories

Inventories are stated at cost on a first in/first out basis. Inventory consists of vaccines received from the State of Michigan. Vaccine inventory received from the State of Michigan that is on hand at year-end has been reported as deferred revenue.

8. Capital Assets

Capital assets include equipment and land improvements and are recorded (net of accumulated depreciation, if applicable) in the government-wide financial statements. Capital assets are those with an initial individual cost of \$1,000 or more, with estimated useful lives of more than one year. Capital assets are not recorded in the governmental fund. Instead, capital acquisitions are reflected as expenditures in the governmental fund, and the related assets are reported in the government-wide financial statements. All purchased capital assets are valued at cost where historical records are available and at an estimated historical cost where no historical records exist. Donated capital assets are valued at their estimated fair market value on the date received.

The cost of normal maintenance and repairs that do not add to the value of the asset or materially extend asset lives are not capitalized. Depreciation is computed using the straight-line method over the following useful lives:

Equipment	5 - 20 years
-----------	--------------

The Department has no assets that would be classified as infrastructure assets.

9. Long-Term Obligations

Long-term debt is recognized as a liability in the government-wide statements when incurred. The portion of those liabilities expected to be paid within the next year is a current liability with the remaining amounts shown as long-term.

Mid-Michigan District Health Department

NOTES TO FINANCIAL STATEMENTS

September 30, 2007

NOTE A: DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

9. Long-Term Obligations - continued

Long-term debt is recognized as a liability of a governmental fund when due. For other long-term obligations, only that portion expected to be financed from expendable available financial resources is reported as a fund liability of a governmental fund.

10. Compensated Absences

The Department employees are granted vacation and sick leave in varying amounts. In the event of termination, an employee is paid for certain portions of unused accumulated vacation and sick time. This amount has been recorded as a current and noncurrent liability in the government-wide financial statements.

11. Comparative Data

Comparative data for the prior year have not been presented in the accompanying financial statements since its inclusion would make the statements unduly complex and difficult to read.

NOTE B: CASH

In accordance with Michigan Compiled Laws, the Department is authorized to invest in the following investment vehicles:

1. Bonds, securities, and other obligations of the United States or an agency or instrumentality of the United States.
2. Certificates of deposit, savings accounts, deposit accounts, or depository receipts of a State or nationally chartered bank or a State or Federally chartered savings and loan association, savings bank, or credit union whose deposits are insured by an agency of the United States government and which maintains a principal office or branch office located in this State under the laws of this State or the United States, but only if the bank, savings and loan association, savings bank or credit union is eligible to be a depository of surplus funds belonging to the State under Section 6 of 1855 PA 105, MCL 21.146.
3. Commercial paper rated at the time of purchase within the three (3) highest classifications established by not less than two (2) standard rating services and which matures not more than 270 days after the date of purchase.
4. The United States government or Federal agency obligations repurchase agreements.
5. Bankers acceptances of United States Banks.
6. Mutual funds composed of investment vehicles, which are legal for direct investment by local units of government in Michigan.

Federal Deposit Insurance Corporation (FDIC) and the National Credit Union Administration (NCUA) regulations provide that deposits of governmental units are to be separately insured for the amount of \$100,000 for deposits in an insured bank for savings deposits, and \$100,000 for demand deposits. Furthermore, if specific deposits are regulated by statute or bond indenture, these specific deposits are to be separately insured for the amount of \$100,000. Michigan Compiled Laws allow for collateralization of government deposits, if the assets for pledging are acceptable to the State Treasurer under Section 3 of 1855 PA 105, MCL 21.143, to secure deposits of State surplus funds, securities issued by the Federal Loan Mortgage Corporation, Federal National Mortgage Association, or Government National Mortgage Association.

Mid-Michigan District Health Department

NOTES TO FINANCIAL STATEMENTS

September 30, 2007

NOTE B: CASH - CONTINUED

Deposits

The Department's bank deposits at September 30, 2007, are composed of the following:

<u>Account Type</u>	<u>Carrying Amount</u>	<u>Bank Balance</u>
Checking	\$ 9,831	\$ 157,623

Bank deposits of the Department are at federally insured banks located in the State of Michigan with all accounts maintained in the name of the Department. As of September 30, 2007, the Department's accounts were insured by the FDIC and NCUA for \$110,959 and the amount of \$46,664 was uninsured and uncollateralized.

The cash caption on the balance sheet includes \$750 in imprest cash and \$779,256 in cash that is on deposit with the Montcalm County Treasurer. The cash on deposit with the Montcalm County Treasurer is part of the County pooled cash and investments. As a result, the insured and uninsured amounts related to these amounts cannot be determined.

Credit Risk

State law limits investments in certain types of investments to a prime or better rating issued by nationally recognized statistical rating organizations (NRSRO's). As of September 30, 2007, the Department does not have any investments that would be subject to rating.

Interest rate risk

The Department will minimize interest rate risk, which is the risk that the market value of securities in the portfolio will fall due to changes in market interest rates, by designing its portfolio in a manner to attain a market rate of return throughout the budgetary and economic cycles while preserving and protecting capital.

Concentration of credit risk

The Department will minimize concentration of credit risk, which is the risk of loss attributed to the magnitude of the Department's investment in a single issuer, by diversifying the investment portfolio to prevent over concentration of assets in a specific maturity, individual financial institution, or specific class of securities.

NOTE C: CAPITAL ASSETS

The following provides a summary of the changes in capital assets for the year ended September 30, 2007:

	<u>Balance Oct. 1, 2006</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance Sept. 30, 2007</u>
Governmental activities:				
Equipment	\$ 585,337	\$ 74,907	\$(39,480)	\$ 620,764
Less accumulated depreciation for:				
Equipment	(367,143)	(51,107)	39,480	(378,770)
Capital assets, net	\$ 218,194	\$ 23,800	\$ -0-	\$ 241,994

Depreciation expense has been allocated to governmental functions as follows: Personal Health \$18,839, Environmental Health \$960, Dental Health \$3,773 and Administration \$27,535.

Mid-Michigan District Health Department

NOTES TO FINANCIAL STATEMENTS

September 30, 2007

NOTE D: LONG-TERM DEBT

The following is a summary of changes in long-term debt (including current portion) of the Health Department for the year ended September 30, 2007:

	Balance Oct. 1, 2006	Additions	Deletions	Balance Sept. 30, 2007	Amounts due within one year
Accumulated compensated absences	\$ 385,649	\$ 380,518	\$(387,538)	\$ 378,629	\$ 75,726

Significant details regarding outstanding long-term debt (including current portion) are presented below:

Accumulated Compensated Absences

Employees of the Mid-Michigan District Health Department are granted vacation leave in varying amounts based on length of service. Upon termination of employment, employees are paid accumulated vacation at full current rate of pay to a maximum of 30 days, and accumulated sick leave at a rate of 50% of hours accumulated up to a maximum of 480 hours (240 hours payable).

Accumulated vacation leave and personal pay represent a liability to the Department which is presented in a current and long term portion of the liability. Payments to employees for vacation leave and personal pay are recorded as expenditures when they are used and payments are actually made to the employees.

At September 30, 2007, the Department's total liability for vacation and sick pay amounted to \$378,629, of which \$75,726 has been classified as a current liability.

NOTE E: RETIREMENT PLAN

Plan Description

The Department participates in the Michigan Municipal Employees Retirement System, an agent multiple-employer defined benefit pension plan that covers all eligible full-time employees of the Department. The system provides retirement, disability, and death benefits to plan members and their beneficiaries. The Michigan Municipal Employees Retirement System issues a publicly available financial report that includes financial statements and required supplementary information for the system. That report may be obtained by writing to the System at 1134 Municipal Way, Lansing, Michigan 48917.

Funding Policy

The obligation to contribute to and maintain the system for these employees was established by the Board of Public Health. The plan requires a contribution from the employees ranging from 0% to 2.75% of wages depending on the employee group covered. The Department is required to contribute the remaining amounts necessary to fund the system.

Annual Pension Cost

For the year ended September 30, 2007, the Department's annual pension cost of \$232,583 for the plan was equal to the Department's required and actual contribution. The estimated annual required contribution was determined as part of an actuarial valuation at December 31, 2005, using the entry actual age cost method. Actual required contributions are based on actual reported monthly payroll. Significant actuarial assumptions used include (a) an 8.0 % investment rate of return (b) projected salary increases of 4.5% per year compounded annually, attributable to inflation (c) additional salary increases ranging from 0% to 8.4% per year depending on age, seniority and merit, and (d) assumption benefits will increase 2.5% per year after retirement. The actuarial value of assets was determined using techniques that smooth the effects of short-term volatility over a five (5) year period. The unfunded actuarial liability is being amortized as a level percentage of payroll contributions over thirty (30) years.

Mid-Michigan District Health Department

NOTES TO FINANCIAL STATEMENTS

September 30, 2007

NOTE E: RETIREMENT PLAN - CONTINUED

Three (3) year trend information

	Year Ended December 31,		
	<u>2004</u>	<u>2005</u>	<u>2006</u>
Actuarial value of assets	\$ 4,736,069	\$ 5,102,145	\$ 5,542,334
Actuarial accrued liability (AAL) (entry age)	5,280,923	5,692,860	6,193,621
Unfunded AAL	544,854	590,715	651,287
Funded ratio	90 %	90 %	89 %
Covered payroll	2,743,285	2,886,089	3,148,011
UAAL as a percentage of covered payroll	20 %	20 %	21 %

	Year Ended September 30,		
	<u>2005</u>	<u>2006</u>	<u>2007</u>
Annual pension cost	\$ 291,913	\$ 283,421	\$ 232,583
Percentage of APC contributed	100 %	100 %	100 %
Net pension obligation	-	-	-

This trend information was obtained from the most recently issued actuarial reports.

NOTE F: DEFERRED COMPENSATION

The Mid-Michigan District Health Department offers its employees deferred compensation plans created in accordance with Internal Revenue Code Section 457. The plans, available to substantially all Department employees, permit them to defer a portion of their salary until future years. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency. The plans are administered through MetLife Resources, Royal Alliance, and Primary Shareholders Services, respectively.

Legislative change has been made to 457 plans which mandate that no later than January 1, 1999 all existing 457 plan assets must be held in a custodial account, trust, annuity contract for benefit of participants and their beneficiaries.

Once a trust, custodial account, or annuity contract exists, assets are owned or held by the trust, custodian, or insurer for the exclusive benefit of participants and beneficiary, and are not subject to the claims of public employees creditors nor can they be used by the public employee for any purpose other than the payment of benefits to these individuals participating in the plan or their designated beneficiaries. As of September 30, 1999, the Department had implemented changes to be in compliance with the new requirement. As a result, the plan assets are not reported in the audited financial statements by the Department because the new legislation has eliminated the requirements that Section 457 plan assets legally remain the assets of the sponsoring government.

The Mid-Michigan District Health Department also offers its employees a tax sheltered annuity plan created in accordance with Internal Revenue Code Section 403(b). The plan, available to substantially all Department employees, permits them to make pre-tax contributions into various investment options. The Department has obtained non-profit exemption status under Internal Revenue Code Section 501(c)(3) thus allowing them to create the 403(b) plan. The plan is administered through MetLife Resources.

Mid-Michigan District Health Department

NOTES TO FINANCIAL STATEMENTS

September 30, 2007

NOTE G: RISK MANAGEMENT

The Department carries commercial insurance for the risk of loss due to workers' compensation claims.

The Department is a voluntary member of the Michigan Municipal Risk Management Authority which is organized under Public Act 138 of 1982, as amended as a governmental group self-insurance pool. Public Act 138 authorizes local units of government to exercise jointly any power, privilege, or authority which each might exercise separately. The Authority administers a risk management fund providing Mid Michigan District Health Department with loss protection for general liability, vehicle physical damage, property damage and losses due to crime.

The administration of the Authority is directed by a nine (9) member Board of Directors composed of municipal representatives from the membership elected by the membership. The Board establishes the general policy of the Authority, creates and publishes rules to be followed by the Manager and Board, and is empowered with the authority to impose sanctions or terminate membership.

The Authority provides risk management, underwriting, reinsurance, and claim services with member contributions allocated to meet these obligations. The Authority administers a risk management fund providing Mid-Michigan District Health Department with loss protection for general and auto liability, and property damage. Under most circumstances the Department's maximum loss per occurrence is limited as follows:

<u>Type of Risk</u>	<u>Maximum Retention Per Occurrence</u>
General liability	\$ 5,000,000
Property and crime coverage	5,000,000

The Authority has established a Retained Risk Program to pay losses incurred by members that exceed individual retention levels and are not covered under existing reinsurance agreements. Losses incurred within the established limits are general obligations of the Authority. In the event that losses are incurred in excess of the resources available, the Authority as a whole (i.e., all constituent municipalities) is liable for the excess. The Authority may authorize dividends to individual members in the event that the members and individual fund balance is determined to be sufficient to do so.

The Department has elected to participate in the Authority's Stop Loss Program.

NOTE H: NONCANCELABLE OPERATING LEASE OBLIGATIONS

The Mid-Michigan District Health Department has entered into a twenty-year, noncancelable long-term lease with NHF Sub Montcalm, a nonprofit organization, for the Montcalm branch office space. Rent expense for the year ended September 30, 2007 amounted to \$91,068.

Future minimum payments are as follows:

<u>Montcalm</u>	
2008	\$ 91,068
2009	91,068
2010	91,068
2011	91,068
2012	91,068
2013 -2017	<u>462,929</u>
TOTAL PAYMENTS	<u>\$ 918,269</u>

Mid-Michigan District Health Department

NOTES TO FINANCIAL STATEMENTS

September 30, 2007

NOTE I: FUND BALANCE RESERVES AND DESIGNATIONS

Reserved fund balance is used to earmark a portion of fund balance to indicate that it is not appropriate for expenditure or has been legally segregated for a specific future use. Designated fund balance indicates that portion of the fund balance that the Department has set aside for specific purposes.

The following are the fund balance reserves as of September 30, 2007:

Reserved for trust funds	\$ 11,089
Reserved for prepaids	<u>52,777</u>
	<u>\$ 63,866</u>

The following are the fund balance designations as of September 30, 2007:

Designated for self-insurance bonds	\$ 13,950
Designated for vacation and sick leave	378,629
Designated for retirement	308,830
Designated for unemployment	10,000
Designated for training	10,000
Designated for facility development	50,716
Designated for donated leave	1,466
Designated for equipment and technology	
Future Technology	89,709
Equipment	<u>43,500</u>
	<u>133,209</u>
	<u>\$ 906,800</u>

REQUIRED SUPPLEMENTARY INFORMATION

Mid-Michigan District Health Department

BUDGETARY COMPARISON SCHEDULE - SPECIAL REVENUE FUND

Year Ended September 30, 2007

	Budgeted Amounts			Variance with Final Budget Positive (Negative)
	Original	Final	Actual	
REVENUES				
Licenses and permits	\$ 459,642	\$ 297,500	\$ 338,775	\$ 41,275
Intergovernmental				
Federal/State	2,299,647	3,134,349	3,154,847	20,498
Local	714,097	726,201	447,548	(278,653)
Charges for services	1,438,564	1,500,396	1,471,015	(29,381)
Interest and rents	28,000	42,000	41,638	(362)
Contributions	15,400	12,500	12,060	(440)
Other	100	6,110	3,427	(2,683)
TOTAL REVENUES	4,955,450	5,719,056	5,469,310	(249,746)
EXPENDITURES				
Current				
Salaries and wages	3,521,987	3,540,000	3,517,568	22,432
Fringe benefits	1,171,503	1,135,720	1,125,517	10,203
Supplies and materials	845,600	1,370,412	1,108,919	261,493
Contractual services	190,450	302,448	303,310	(862)
Communications	82,500	88,000	80,264	7,736
Travel and training	196,000	173,000	178,530	(5,530)
Insurance	57,000	59,000	55,790	3,210
Repairs and maintenance	16,750	16,750	14,037	2,713
Building and equipment lease and rentals	237,075	341,260	340,075	1,185
Printing and advertising	24,650	45,000	42,262	2,738
Postage	27,650	24,000	22,982	1,018
Other	37,625	48,260	35,448	12,812
Capital outlay	-	88,111	91,511	(3,400)
TOTAL EXPENDITURES	6,408,790	7,231,961	6,916,213	315,748
EXCESS OF REVENUES (UNDER) EXPENDITURES	(1,453,340)	(1,512,905)	(1,446,903)	66,002
OTHER FINANCING SOURCES				
County appropriations - regular	1,037,990	1,023,784	1,023,784	-0-
County appropriations - other	190,050	286,675	286,787	112
Cigarette tax	74,300	70,164	70,166	2
TOTAL OTHER FINANCING SOURCES	1,302,340	1,380,623	1,380,737	114
NET CHANGE IN FUND BALANCE	(151,000)	(132,282)	(66,166)	66,116
Fund balance, beginning of year	1,249,935	1,249,935	1,249,935	-0-
Fund balance, end of year	<u>\$ 1,098,935</u>	<u>\$ 1,117,653</u>	<u>\$ 1,183,769</u>	<u>\$ 66,116</u>

OTHER SUPPLEMENTARY INFORMATION

Mid-Michigan District Health Department
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Year Ended September 30, 2007

<u>Federal Grantor/Pass Through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Grantors Number</u>	<u>Expenditures</u>
U.S. DEPARTMENT OF AGRICULTURE			
Passed through Michigan Department of Community Health Women, Infants and Children (WIC) ^(c) FY 06-07 Regular & Infrastructure	10.557	N/A	\$ 525,256
U.S. ENVIRONMENTAL PROTECTION AGENCY			
Passed through Michigan Department of Environmental Quality State Grants to Reimburse Operations of Small Water Systems for Training and Certification Cost FY 06-07	66.471	N/A	11,200
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Passed through Michigan Department of Community Health Family Planning Services (Family Planning) ^(a) FY 06-07	93.217	N/A	133,781
Grants for Dental Public Health Training - Support Oral Health	93.236	N/A	67,206
Immunization Grants FY 06-07 IAP	93.268	N/A	69,533
FY 06-07 Provider Site Visits ^(b)		N/A	7,000
FY 06-07 Vaccine Supply		N/A	701,535
FY 06-07 Nurse Education ^(b)		N/A	700
FY 06-07 Immunization AFIX ^(b)		N/A	<u>1,700</u>
			780,468
Centers for Disease Control and Prevention - Investigations and Technical Assistance FY 06-07	93.283		
Emergency Preparedness		N/A	200,803
Pandemic Flu		N/A	<u>83,348</u>
			284,151
Medical Assistance Program FY 06-07 Medicaid Administration	93.778	N/A	28,501
Case Management Services (CC-LBS) FY 06-07 CSHCS ^(b)		N/A	<u>22,088</u>
			50,589
HIV Prevention Activities - Health Department Based FY 06-07 ^(b)	93.940	N/A	434
Maternal and Child Health Services Block Grant to the States FY 06-07 Family Planning Services ^(a)	93.994	N/A	24,402
FY 06-07 Local MCH		N/A	87,492
FY 06-07 Case Management Services		N/A	20,517
FY 06-07 Oral Health		N/A	26,243
FY 06-07 SIDS ^(b)		N/A	<u>595</u>
			159,249

Mid-Michigan District Health Department

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS - CONTINUED

Year Ended September 30, 2007

<u>Federal Grantor/Pass Through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Pass-Through Grantors Number</u>	<u>Expenditures</u>
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTINUED			
Passed through Michigan Department of Community Health and Mid-South Substance Abuse Commission 06-07 Gratiot County Prevention ^(b)	93.959	N/A	\$ 65,018
TOTAL FEDERAL AWARD EXPENDITURES			<u>\$ 2,077,352</u> (d)

Mid-Michigan District Health Department

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

September 30, 2007

NOTE A: BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards includes the Federal grant activity of the Mid-Michigan District Health Department and is presented on the modified accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Governments, and Nonprofit Organizations*.

NOTE B: SUMMARY OF SIGNIFICANT EXPLANATIONS OF SCHEDULE

The following descriptions identified below as (a) - (d) represent explanations that cross reference to amounts on the Schedule of Expenditures of Federal Awards:

- (a) Reimbursements of these contracts are passed through the State. The amounts reported on the Schedule of Expenditures of Federal Awards represent the Federal portion of the respective amounts based on the following approximate percentages of Federal participation:

<u>Program</u>	<u>CFDA Number</u>	<u>Approximate Percent</u>
Family Planning	93.217	78.00 %

- (b) The reimbursements for these programs are based on a fixed unit rate for each allowable service provided. Expenditures have been reported to the extent of earned revenues.
- (c) Denotes program tested as "major program".
- (d) The following reconciles the federal revenues reported in the September 30, 2007, fund financial statements to the expenditures of the Department administered federal programs reported on the Schedule of Expenditures of Federal Awards:

Federal/State Revenue (per financial statements)	\$ 3,154,847
<u>Less: Portions of grant funding considered "State" funding</u>	<u>(1,077,495)</u>
	<u>\$ 2,077,352</u>

Principals

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**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

Board of Public Health
Mid-Michigan District Health Department
Stanton, Michigan

We have audited the financial statements of the Mid-Michigan District Health Department as of and for the year ended September 30, 2007, and have issued our report thereon dated March 19, 2008. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Mid-Michigan District Health Department's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Department's internal control over financial reporting. Accordingly we do not express an opinion on the effectiveness of the Department's internal control over financial reporting.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control over financial reporting that might be significant deficiencies and, accordingly, would not necessarily disclose all significant deficiencies that are also considered to be material weaknesses. However, as discussed below, we identified certain deficiencies in internal control over financial reporting that we consider to be significant deficiencies.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or a combination of control deficiencies, that adversely affects the entity's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of the entity's financial statements that is more than inconsequential will not be prevented or detected by the entity's internal control. We consider the deficiencies described as 2007-1 and 2007-2 in the accompanying schedule of findings and questioned costs to be significant deficiencies in internal control over financial reporting.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the Department's internal control.


Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies and, accordingly, would not necessarily disclose all significant deficiencies that are also considered to be material weaknesses. We believe that the significant deficiency described in the accompanying schedule of findings and questioned costs as 2007-1 is a material weakness.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Mid-Michigan District Health Department's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances on noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Mid-Michigan District Health Department's responses to the findings identified in our audit are described in the accompanying schedule of findings and questioned costs. We did not audit Mid-Michigan District Health Department's responses and, accordingly, we express no opinion on them.

This report is intended for the information and use of the management and Board of Public Health of Mid-Michigan District Health Department, others within the entity, and Federal awarding agencies, and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

A handwritten signature in black ink that reads "Abraham & Gaffney, P.C." in a cursive script.

ABRAHAM & GAFFNEY, P.C.
Certified Public Accountants

March 19, 2008

Principals

Dale J. Abraham, CPA
Michael T. Gaffney, CPA
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**REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE
TO EACH MAJOR PROGRAM AND INTERNAL CONTROL OVER
COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133**

Board of Public Health
Mid-Michigan District Health Department
Stanton, Michigan

Compliance

We have audited the compliance of the Mid-Michigan District Health Department with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 *Compliance Supplement* that is applicable to each of its major federal programs for the year ended September 30, 2007. The Mid-Michigan District Health Department's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major Federal programs is the responsibility of the Mid-Michigan District Health Department's management. Our responsibility is to express an opinion on the Mid-Michigan District Health Department's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, *Audits of States, Local Governments, and Nonprofit Organizations*. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major Federal program occurred. An audit includes examining, on a test basis, evidence about the Mid-Michigan District Health Department's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Mid-Michigan District Health Department's compliance with those requirements.

In our opinion, the Mid-Michigan District Health Department complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended September 30, 2007.

Internal Control Over Compliance

The management of the Mid-Michigan District Health Department is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered the Mid-Michigan District Health Department's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Mid-Michigan District Health Department's internal control over compliance.

A *control deficiency* in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a federal program on a timely basis. A *significant deficiency* is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to administer a federal program such that there is more than a remote likelihood that noncompliance with a type of compliance requirement of a federal program that is more than inconsequential will not be prevented or detected by the entity's internal control.

A *material weakness* is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that material noncompliance with a type of compliance requirement of a federal program will not be prevented or detected by the entity's internal control.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of the management and Board of Public Health of Mid-Michigan District Health Department, others within the entity, and Federal awarding agencies, and pass-through entities, and is not intended to be and should not be used by anyone other than these specified parties.

A handwritten signature in black ink that reads "Abraham & Gaffney, P.C." in a cursive, stylized font.

ABRAHAM & GAFFNEY, P.C.
Certified Public Accountants

March 19, 2008

Mid-Michigan District Health Department
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
Year Ended September 30, 2007

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: Unqualified

Internal control over financial reporting:

Material weakness(es) identified?	<u> X </u> Yes	<u> </u> No
Significant deficiencies identified that are not considered to be material weakness(es)?	<u> X </u> Yes	<u> </u> None reported
Noncompliance material to financial statements noted?	<u> </u> Yes	<u> X </u> No

Federal Awards

Internal control over major programs:

Material weakness(es) identified?	<u> </u> Yes	<u> X </u> No
Significant deficiencies identified that are not considered to be material weakness(es)?	<u> </u> Yes	<u> X </u> None reported

Type of auditor's report issued on compliance for major programs: Unqualified

Any audit findings disclosed that are required to be reported with Section 501(a) of Circular A-133? Yes X No

Identification of major programs:

<u>CFDA Number(s)</u>	<u>Name of Federal Program or Cluster</u>
10.557	WIC

Dollar threshold used to distinguish between Type A and Type B programs: \$ 300,000

Auditee qualified as low-risk auditee? X Yes No

Section II - Financial Statement Findings

2007-1 MATERIAL JOURNAL ENTRIES PROPOSED BY AUDITORS

Condition: A material journal entry for the adjustment of fund balance, revenues, and deferred revenue to actual was proposed by the auditors. These misstatements were not detected by the Department's internal control over financial reporting. These entries were brought to the attention of management and were subsequently recorded in the Department's general ledger.

Mid-Michigan District Health Department

SCHEDULE OF FINDINGS AND QUESTIONED COSTS - CONTINUED

Year Ended September 30, 2007

Section II - Financial Statement Findings - Continued

2007-1 MATERIAL JOURNAL ENTRIES PROPOSED BY AUDITORS - CONTINUED

Effect: Through the identification of a material journal entry that was not otherwise identified by management, the auditors are effectively part of the Department's internal controls.

Recommendation: We recommend that the Department take steps to ensure that material journal entries are not necessary at the time future audit analysis is performed.

Corrective Action Response: The adjusting entries primarily related to the budgeting/accounting method used for one-time capital expenditures to equip the agency's new Clinton Branch Office facility, as well as the timing of State Medicaid payments in relation to the GASB Statement 34 sixty (60) day cutoff for recognizing such fee revenue. We intend to resolve this finding via closer review of such new auditing standards with the auditors prior to fiscal year-end and by agency staff initiating the adjusting entries prior to the auditors starting their annual audits of the agency.

2007-2 FRAUD RISK MANAGEMENT PROGRAM

Condition: During the course of our audit, we noted that the Department has not developed or implemented a fraud risk management program.

Criteria: Management is responsible for the detection and prevention of fraud, misappropriations, and other inappropriate conduct. Fraud is defined as the intentional, false representation or concealment of a material fact for the purpose of inducing another to act upon it to his or her injury. Each member of the management team should be familiar with the types of improprieties that might occur within his or her area of responsibility, and be alert for any indication of irregularity.

Effect: Due to the Department not developing a fraud risk assessment and monitoring program it is unable to assess the Department's vulnerabilities to fraudulent activity and whether any of those exposures could result in material misstatement of the financial statements.

Recommendation: We recommend that the Department develop and formally implement a fraud risk management program that is appropriate to the size and complexity of the organization. Such a fraud risk management program may involve actively searching for fraudulent transactions through the use of techniques such as data mining, but should also include informing management and employees as to the nature of fraud and actions expected to be taken if fraud is suspected. This would include publishing a definition of fraud, a statement that fraud will not be tolerated within the organization, and instructions for reporting fraud within the chain of command.

Corrective Action Response: While the agency has various financial internal control procedures and does monitor/take appropriate action to minimize this risk and address any suspected issues that arise, a formal and comprehensive fraud risk management policy and program had not been implemented yet for this new auditing standard. However, we have discussed these requirements with the auditors, we have drafted an agency fraud policy and we will be implementing an agency fraud risk management program within the next 90 days (i.e., by June 30, 2008).

Section III - Federal Award Findings and Questioned Costs

None

Mid-Michigan District Health Department

SUMMARY SCHEDULE OF PRIOR YEAR AUDIT FINDINGS

Year Ended September 30, 2007

There were no findings disclosed for the past two years.